



GIVE MIAMI DAY – PLEDGE FORM

Donation Form Fields:

*Donation amount (minimum of \$25.00) \$ _____

*Are you a first-time donor to this organization? Yes | No

*Would you like your donation to be publicly anonymous? Yes | No

*Would you like to cover the minimal third-party fee so [Your Nonprofit Name] receives your full donation? Yes | No

Is this donation in memory of, in honor of, or on behalf of someone? If so, please share this person's name so we can recognize them properly.

Does your employer match employee donations? Yes | No Employer Name: _____

*Credit Card Number: _____ *Exp Date: _____ *CVC: _____

*Billing First Name: _____ *Billing Last Name: _____

Recognize my donation as from: *(if different from your billing information e.g. The Smith Family)*

*Billing Phone Number: _____ *Billing Email: _____

*Billing City: _____ *Billing State: _____ *Billing Zip Code: _____

Please complete the form and e-mail it back to Florida Justice Institute's Director of Development, Sabrina Flores, at sflores@floridajusticeinstitute.org.